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AUTHOR Knott, J. Eugene
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ABSTRACT

The author discusses a short-term delivery model which forms the essential mode of operation at the counseling center at Rhode Island College. He prefaces his discription of the model by indicating that not all clients, problems or counselors are amenable to this short-term approach. There are three steps or elements in the delivery model: 1) exposition and diagnosis; 2) contracting and implementation; and 3) evaluation and termination. Intake interviews are not utilized with this model; the client engages in the actual counseling process during his first visit. During this initial, and often lengthy, session there is an attempt to arrive at the fullest possible exposition and diagnosis of the client's concern. The model is basically a problem-solving paradigm and the emphasis is on setting some appropriate goals and contracting for the papameters of the counseling relationship. Time between sessions is utilized by carrying out specific tasks, similar to "approximating behaviors." The third and last phase of the delivery model involves making a joint evaluation of the contractual outcomes and arriving at termination. The author concludes by discussing the merits of the program. (Author/PC)

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A SHORT-TERM DELIVERY MODEL FOR COUNSELING SERVICES

J. Eugene Knott
Rhode Island College
Providence, Rhode Island

In reviewing our annual Counseling Center reports some three years ago, (Knott, 1969, 1970) a number of charts and figures seemed to "beg" the reader for further attention. Notable among them were the patterns of intake and referral, plus the data reflecting mean numbers of sessions per client. With further examination, it became obvious that we might be able to tailor our primary counseling service delivery system to more optimally address those patterns common to each academic year's clientele.

In particular, it appeared that somewhere between 75% and 90% of all students seeking services were terminated within five sessions. Further, those students presented a rather wide variety of concerns both across and within essential problem categories.

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As I had been introduced, however briefly, to a so-called "short-term" therapy model as an undergraduate (Bieliauskas, 1967), I began some (not-so-brief) delving into the literature on the topic. The ultimate outcome of that "homework" was the assimilation of the model which forms the essential mode of operation of our counseling service at Rhode Island College. It is that model which I've been invited to share with you today.

Basically, I offered the model for staff reaction at our presemester workshop and orientation a couple Septembers ago. As they are most of the time, the counseling staff were willing - even enthusiastic - to give it a try. It has been our *modus operandi* since, and seems to be a most rewarding system.

Let me preface the following with these three perhaps unnecessary caveats:

1. Not all clients are amenable to a short-term treatment!

2. Not all problems are amenable to short-term treatment!

3. To a lesser degree, not all counselors are amenable to a short-term approach!

There are three "steps" or elements in our short-term delivery model. They are:

(1) EXPOSITION and DIAGNOSIS

(2) CONTRACTING and IMPLEMENTATION and

(3) EVALUATION and TERMINATION.

Perhaps the best way to illustrate how these are carried out is to attempt a verbal "walking through" with an imaginary typical client. Upon presentation of himself or herself at the Center - as a drop-in or by referral - the person indicates whether a particular counselor is desired. If so, the receptionist indicates the next available time slot and schedules the student for it. Most often, that is the same day or, infrequently, the next working day. Where no preference is indicated for a particular staff counselor, the client can be seen almost without exception the same day, often within the hour.

Now we come to the intake interview! It was felt that one hedge against poor time economy in staff usage was to eliminate the sequence wherein a new client was screened initially, and then assigned to another staff member for servicing, or terminated, or referred elsewhere. Our experience has borne out the contention that this is less efficient than having a single person intake and maintain the client if more than a

single visit is advisable. Also, such a procedure enhances the counseling process in two additional ways: First, it eliminates the necessity of having to reiterate the presenting problem again for a second person. Too often this is required or desired regardless of the articulation scheme from screening to assignment.

Second, and most important for this delivery mode, the counselor and client can, from the very outset, engage in the actual counseling process utilizing the short-term model. In the short-term schema, the initial session is typically the longest (time-wise) of the sessions in a multi-visit relationship. This is to enable the fullest possible EXPOSITION of the client's concern and to better insure that they arrive at an accurate DIAGNOSIS. This is the critical stage in the process because it is herein that the decisions as to problem-definition and applicability of a brief-term strategy are made. Notice that I said they purposefully to denote the essentially "collaborative" character of the counseling relationship.

This model is basically a problem-solving paradigm (Ford and Urban, 1971). As such, the emphasis in on setting some appropriate goals and CONTRACTING for the parameters of the counseling relationship. This entails arriving at a limited number of objectives that have the dual characteristics of being realizable and verifiable. (Again, such ends are best defined jointly by client and counselor.) The rationale behind this approach is not only the objective of assisting the client in resolving his concerns, but also enabling him to learn some generalizable problem-solving skills (Bandura, 1961).

In addition to behavioral end-setting, another key element to this aspect of the model is agreement on the temporal limits of the relationship. Basically, this means that the counselor assays and suggests what "frequency", "length", and "duration" characteristics of the relationship

will best facilitate the resolution of the defined client concerns. This can vary from meeting for two to six or more times, for the span of fifteen to fifty or so minutes, as frequently as daily to weekly or bi-weekly. Naturally, individual cases dictate variable prescriptions of time frames, but in our recent exp e, we have noted that most cases can be satisfactorily terminated after an average of three sessions of roughly twenty minutes length over a two week period. Two years ago, our modal picture was just about five "fifty-minute hours" meeting weekly with each client. In our first year of utilizing the model described herein, we succeeded in reducing the typical case to just under four interviews of one half-hour each over four weeks. The present picture would appear to be close to practical limits, and in fact, this year's records to date do reflect some stabilization at a mean of three twenty-minute sessions over a two week span.

An important process key in such a short-term delivery approach is the so-called "assignment of homework." In a brief-term model, the utilization of time between sessions for carrying out specified tasks, similar to "approximating behaviors", is an important ingredient.

The third and last phase of the delivery model is to make a joint EVALUATION of the contractual outcomes and arrive at TERMINATION. Should new or further counseling goals need to be addressed, the process can be re-initiated, again stipulating goals and time parameters as appropriately co-determined.

Some logistical gains worth noting in such a model include the flexibility this type of operating scheme can afford, whereby one can schedule interviews at variable times, not just hourly. Also, since institution of the short-term service model, we've abolished any need

for either waiting list or waiting period. Further, the latitude for pursuing needed outreach functions is broadened when staff time constraints emanating from direct service needs are reduced.

Two final points are worth noting in conclusion: Although the types of clients who reflect the most consistently successful therapeutic outcomes with this model are those whose presenting characteristics have the best prognoses, we've also noted that these are the bulk of our clients. I doubt seriously if our experience is unique in that regard! It would appear that most college and university counseling agencies are best equipped to directly serve an interventive role in crisis-resolution rather than providing long-term therapy as a dominant mode of service.

Further, the adequate meeting of campus counseling needs will probably never be realized through a student-staff ratio argument, particularly in the current financial atmosphere of higher education. Utilizing the delivery model shown herein, we have been able to service just over twenty percent of our student body during each of the last two years with a limited number of counselors. In addition, we have been somewhat successful in actively pursuing developmentally-grounded outreach activities so essential to a commuter-based (87% of enrollment) student body such as ours.

Finally, it should be noted that the use of this or similar short-term, problem-solving counseling strategies is not novel in itself. Rather, it is on its particular merits as a <u>full agency</u> delivery model that it is offered for your consideration today.

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*(Note: Interested persons may contact the author for a more extensive bibliography.)

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